



Informed consent

Even though we are doing all we can to assess and minimize the risks involved in a face to face consultation, it is of course impossible for anyone to eradicate all COVID-19 related risks entirely.

You, as the client, are an active decision maker in this process of whether to proceed with face to face assessment/treatment and can change your mind at any time without prejudicing the care you receive

Please tick if the following is true;

I have not answered yes to any of the COVID-19 related screening questions []

I have completed the risk assessment form with my physiotherapist based on my individual circumstance []

I am aware of the pH physiotherapy COVID-19 related procedures and policies (or that I can view them at anytime if I want to at www.pHphysiotherapy.com) and that pH physiotherapy are doing all that they can do limit the spread of COVID-19 spread in the clinic []

If I develop COVID-19 symptoms within 7 days of treatment I will inform the physiotherapist without any delay []

By signing below I, the client, confirm that I am aware of the risk of face to face consultations at this moment in time and waive any liability of pH physiotherapy and it's physiotherapists for transmission of COVID-19 and any liability regarding their interpretation of the use of personal protective equipment (PPE) and infection control cleaning.

Name (print) _____

Signed _____

Date _____